



Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1521 (231) 242-1520
Do Not Fax This Form

Blood Quantum Adjustment

I _____ Enrollment # _____	
am requesting a blood quantum adjustment review for: _____	
I am enclosing additional documentation to be reviewed by the Enrollment Staff and LTBB Citizenship Commission.	
I understand that I will be notified by certified mail of the decision made by the LTBB Citizenship Commission.	
_____ Signature	_____ Date

TO BE COMPLETED BY LTBB STAFF – Do not write below this line

Date Received

Initial

/

Date Reviewed

Initial

-----*TO BE COMPLETED BY CITIZENSHIP COMMISSION*-----



Documents Submitted Support a Blood Quantum Increase.

Effective date upon motion by Citizenship Commission. (Enr. Staff will Notify Executive as FYI)



Documents Submitted Do Not Support a Blood Quantum Change.

Inform the individual of the reasons why documents do not support a change.

Citizenship Commission Signature

Date